PTO/SB/06 (11-90) Application or Docket Number PINGENT-16 App. No.: 10/623,995 APPLICATION FEE DETERMINATION RECORD OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR **SMALL ENTITY** (Column 1) (Column 2) NUMBER EXTRA RATE FEE **RATE** FEE NUMBER FILED **FOR** \$760.00 OR BASIC FEE 2 x \$ 9 OR x \$18 Total Claims 22 minus 20 = OR = Independent Claims minus 3 = 0 x42 = x 84 OR MULTIPLE DEPENDENT CLAIM PRESENT +130 = +260 \$760.00 **TOTAL** OR TOTAL *If the difference in column 1 is less than zero, enter "0" in column 2. OTHER THAN CLAIMS AS AMENDED - PART II **SMALL ENTITY SMALL ENTITY** OR (Column 2) (Column 3) (Column 1 Claims Highest Number Additional Additional Remaining Present Extra Rate Rate Previously Paid Fee Fee After K For Amendment **AMENDMENT** \$0.00 OR x \$18.00 \$0.00 Total Minus 22 0 x \$9.00 OR x \$86.00 \$390.00 5 x \$43.00 \$215.00 Independent 8 Minus 3 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total Addit. \$215.00 Total Addit. \$390.00 OR Fee Fee (Column 1) (Column 2) (Column 3) Claims Highest Number Additional Additional Remaining Previously Paid Present Extra Rate Rate Fee Fee After AMENDMENT B For Amendment OR x \$ = 0 Minus 0 x \$ = Total 0 OR = Independent Minus х = х FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR Total Addit. OR Total Addit. (Column 3) (Column 1) (Column 2) Claims Highest Number Additional Additional Remaining Previously Paid Present Extra Rate Rate Fee Fee After AMENDMENT C For Amendment 0 0 x \$ OR x \$ Total Minus Independent Minus *** 0 x OR = = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR Total Addit. Total Addit. OR *If the entry in column 1 is less than the entry in column 2, write "0" in column 3 Fee Fee **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.